

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750133

1. Entity Name

THE EDWARDIAN CONDOMINIUM ASSOCIATION, INC.

**FILED**  
Feb 26, 2000 8:00 am  
Secretary of State

02-26-2000 90064 033 \*\*\*\*61.25

Principal Place of Business

Mailing Address

112 EDWARDS LANE  
PALM BEACH SHORES FL 33404

112 EDWARDS LANE  
PALM BEACH SHORES FL 33404-5717

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1998101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

METTLER, THOMAS M  
340 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME DRESSER, ROBERT  
STREET ADDRESS 112 EDWARDS LN, #102  
CITY-ST-ZIP PALM BEACH SHORES FL

TITLE ☐ Change ☒ Addition  
NAME LINKEY, JOHN  
STREET ADDRESS 1137 BEACH RD  
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE ST ☐ Delete  
NAME WOODRUFF, JUDITH  
STREET ADDRESS 112 EDWARDS LN, #101  
CITY-ST-ZIP PALM BEACH SHORES FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME KENDALL, TERRY  
STREET ADDRESS 275 GEORGE WASHINGTON TPKE  
CITY-ST-ZIP BURLINGTON CT

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME RUBIN, MARGARET  
STREET ADDRESS 112 EDWARDS LANE  
CITY-ST-ZIP PALM BEACH SHORES FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/00

561-881-0317

Day

Daytime Phone #

CR2E037 (9/99)